

05-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions**■ Tcode 13196 Franchise****■ Taxpayer number**

3 2 0 6 7 3 2 1 8 3 9

■ Report year

2 0 1 9

You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name

BCS SOFTWARE LLC

 Blacken circle if the mailing address has changed.

Mailing address

7808 ORISHA DR

Secretary of State (SOS) file number or
Comptroller file number

City

AUSTIN

State

TX

ZIP code plus 4

78739

80302963

 Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

3206732183918

Name	Title	Director <input type="radio"/> YES	Term expiration
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)
Agent: _____You must make a filing with the Secretary of State to change registered
agent, registered office or general partner information.

Office: _____ City: _____ State: _____ ZIP Code: _____

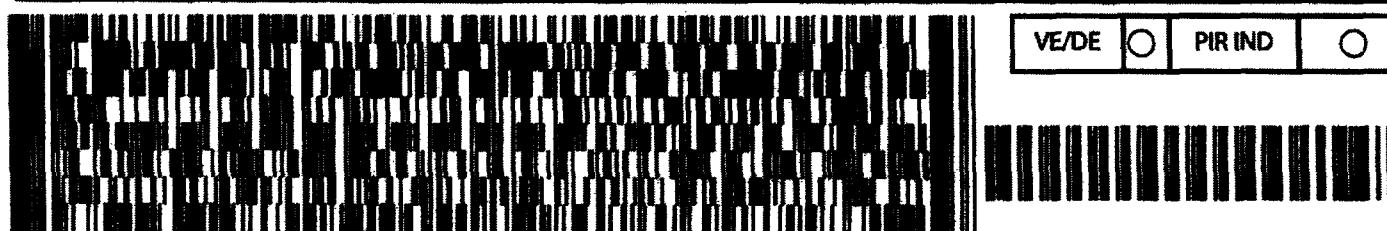
The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

Sign here: 	Title: GEN COUNSEL	Date: 4/17/2019	Area code and phone number: (512) 865 - 7950
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Texas Comptroller Official Use Only

VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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